

Overall Health

This survey asks questions about your overall health. Your privacy is very important to us. Your answers will only be shared with approved researchers after we have removed your name. It takes about 5-10 minutes to answer these questions. Please answer each question as honestly as possible. There are no right or wrong answers to any of the questions. It is important that you answer as many questions as you can. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you have to spend a long time over each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given.

How confident are you filling out medical forms by yourself?¹

- Extremely
- Quite a bit
- Somewhat
- A little bit
- Not at all

How often do you have someone help you read health-related materials?¹

- Always
- Often
- Sometimes
- Occasionally
- Never

How often do you have problems learning about your medical condition because of difficulty understanding written information?¹

- Always
- Often
- Sometimes
- Occasionally
- Never

In general, would you say your health is:²

- Excellent
- Very Good
- Good
- Fair
- Poor

In general, would you say your quality of life is:²

- Excellent
- Very Good
- Good

- Fair
- Poor

In general, how would you rate your physical health?²

- Excellent
- Very Good
- Good
- Fair
- Poor

In general, how would you rate your mental health, including your mood and your ability to think?²

- Excellent
- Very Good
- Good
- Fair
- Poor

In general, how would you rate your satisfaction with your social activities and relationships?²

- Excellent
- Very Good
- Good
- Fair
- Poor

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?²

- Completely
- Mostly
- Moderately
- A little
- Not at all

In the past 7 days, how would you rate your pain on average?²

- 0 No pain
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 10 Worst pain imaginable

In the past 7 days, how would you rate your fatigue?²

- None
- Mild
- Moderate
- Severe
- Very Severe

In general, please rate how well you carry out your usual social roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)²

- Excellent
- Very Good
- Good
- Fair
- Poor

In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?²

- Never
- Rarely
- Sometimes
- Often
- Always

The next few questions are about women's health issues. Women's health is very important when considering your overall health. Answering these questions will help us get a more complete picture of your total health.

Note: These questions will only be asked if in The Basics the questions about sex at birth were answered 'Female,' 'intersex,' or 'please specify.'

Have your menstrual periods stopped permanently?³

- No
- Yes, I have no menstrual periods
- Yes, but I have periods induced by hormones
- Not sure

Branching Logic if 'Not sure' or 'no' selected display only "Are you currently pregnant?" then skip to "Have you had a transplant of any type?"

Are you currently pregnant?⁴

- No
- Yes
- Not sure
- Prefer not to answer

Branching Logic if 'Yes, I have no menstrual periods' or 'Yes, but I have periods induced by hormones' selected:

Why did your periods stop?³

- ☐ Natural menopause (change of life)
- ☐ Surgery (a hysterectomy to remove your uterus and/or an oophorectomy to remove your ovaries)
- ☐ Endometrial ablation (removal of the lining of the uterus)
- ☐ Medication, chemotherapy, or radiation
- ☐ Other
- ☐ Not sure
- ☐ Prefer not to answer

Have you ever had a hysterectomy (that is, surgery to remove your uterus or womb)?³

- ☐ No
- ☐ Yes
- ☐ Not sure
- ☐ Prefer not to answer

Branching Logic if 'yes' selected:

If yes, age at surgery?³

- _____ (age in years)

Branching Logic if 'No,' 'Not Sure,' or 'Prefer not to answer' selected:

Have you ever had an ovary removed?³

- ☐ No
- ☐ Yes, but only one ovary or part of one ovary
- ☐ Yes, both ovaries
- ☐ Yes, but don't know whether one or both ovaries
- ☐ Not sure
- ☐ Prefer not to answer

Branching Logic if 'yes' selected:

If yes, age at surgery?³

- _____ (age in years)

A blood sample may be drawn as part of this study. Some conditions or prior procedures, such as a bone marrow transplant, may cause problems in using your blood sample for research. In addition, some information about you, such as your travel history, may not generally be in your medical record but may still be helpful to researchers. Traveling outside the country may increase your risk of coming into contact with certain infections not commonly present in this country. The following questions are asked to address two of these situations.

Have you had a transplant of any type?⁵

- Yes
- No
- Don't know

Branching Logic if 'yes' selected:

If yes, please check all that apply⁵

- Heart
 - *Branching Logic if selected, display:* Date of transplant
- Kidney
 - *Branching Logic if selected, display:* Date of transplant
- Liver
 - *Branching Logic if selected, display:* Date of transplant
- Lung
 - *Branching Logic if selected, display:* Date of transplant
- Pancreas
 - *Branching Logic if selected, display:* Date of transplant
- Intestine
 - *Branching Logic if selected, display:* Date of transplant
- Other organ (free text field)
 - *Branching Logic if selected, display:* Date of transplant
- Cornea
 - *Branching Logic if selected, display:* Date of transplant
- Bone
 - *Branching Logic if selected, display:* Date of transplant
- Valve
 - *Branching Logic if selected, display:* Date of transplant
- Skin
 - *Branching Logic if selected, display:* Date of transplant
- Blood vessels
 - *Branching Logic if selected, display:* Date of transplant
- Other tissue (free text field)
 - *Branching Logic if selected, display:* Date of transplant

Have you traveled outside of the country within the past 6 months?⁵

- Yes
- No
- Don't know

Branching Logic if 'yes' selected:

If yes⁵

- Where?
 - Free Text
- How Long?
 - Number (Days, Weeks, Months, Years)

Your answers will help researchers to better understand health, and advance how to prevent and treat disease.

Sources

1. Brief Health Literacy Screen (BHLS)
2. Patient Reported Outcomes Measurement Information System (PROMIS) Global Health

All of Us Research Program

Participant Provided Information (PPI)

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3. California Teacher's Study
4. UK Biobank
5. Blood Bank Screening